

February 27, 2015

Provider Number: 175044

Russell Parks, Administrator
Brewster Health Center
1001 SW 29th Street
Topeka, KS 66611-1299

LICENSURE AND CERTIFICATION SURVEY -- NO OPPORTUNITY TO CORRECT

On February 25, 2015, Health survey was concluded at your facility by the Kansas Department for Aging and Disability Services (KDADS) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiency in your facility to be at a level of actual harm that is not immediate jeopardy as evidenced by the CMS-2567L whereby corrections are required.

Based on the deficiencies cited on this survey and your history of noncompliance on the November 13, 2014 Abbreviated survey, your facility will not be given an opportunity to correct deficiencies before remedies are imposed.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Enforcement Remedies

Required remedies will be recommended for imposition by the Center for Medicare & Medicaid Services (CMS) if your facility has failed to achieve substantial compliance. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. The outcome of a revisit may result in a change in the remedy selected.

Based on the deficiencies cited during your survey and in accordance with 42 CFR 488.417(b), as authorized by CMS under 42 CFR 488.402(f)(1), **a denial of payment for all new Medicare admissions is imposed effective March 17, 2015.** This action is taken pursuant to Sections 1819(h) and 1919(h) of the Social Security Act. This action is based on the fact that deficiency that constitute a level of actual harm or above were found on the current survey and a Abbreviated survey conducted on November 13, 2014. We are notifying the Fiscal Intermediary that the denial of payment for all new Medicare admission is effective on March 17, 2015 and we are advising the State Medicaid Agency to deny payment for new admissions effective March 17, 2015.

The denial of payment for all new Medicare admissions will remain in effect until your facility has achieved substantial compliance or your provider agreement is terminated. Informal dispute resolution for the cited deficiency will not delay the imposition of the enforcement remedies.

If substantial compliance is not achieved within six (6) months of this Health survey identifying

non-compliance, August 25, 2015, we are recommending to CMS that your facility be terminated from the Medicare program.

CMS will notify your facility of any additional remedies to be imposed.

NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits per CMS Revisit Policy dated May 3, 2001.

If you disagree with this determination, you or your legal representative may request a hearing before an **Administrative Law Judge of the Department of Health and Human Services, Departmental Appeals Board**. Procedures governing this process are set out in 42 CFR 498.40 et seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to:

Department of Health and Human Services
Departmental Appeals Board, MS 6132
Civil Remedies Division
330 Independence Avenue, SW
Cohen Building, Room G-644
Washington D.C. 20201

A copy of your request for a hearing must be sent to your State Agency and the following offices:

Branch Manager, Long Term Care
Division of Survey & Certification
601 E. 12th Street, Room 355
Kansas City, MO 64106

Chief Counsel
Office of the General Counsel
601 E 12th Street, Room N 1800
Kansas City, MO 64106

A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings or conclusion are incorrect. You may be represented by counsel at a hearing at your own expense.

Due to your facility's current noncompliance with F314, Pressure Ulcers, we would like to emphasize the importance of the implementation of corrective actions that ensure that avoidable pressure ulcers will not occur at your facility and that residents will receive appropriate care and services to prevent the increase in complexity of existing pressure ulcers. The pain, infection rates, and increased morbidity and mortality associated with pressure ulcers underscore the need for your facility to improve its systems for identifying residents at risk and for implementing preventive services. We ask that you carefully monitor your facility's compliance with Federal requirements related to the prevention of pressure ulcer development. We suggest that you consider contacting the Quality Improvement Organization (QIO) in your state for information and training opportunities on pressure ulcer care and prevention. If noncompliance continues in this area, additional remedies will be considered.

Plan of Correction

At the conclusion of the survey, you were provided a CMS-2567L (Statement of Deficiencies) which listed the deficiencies found at this survey. You should submit your Plan of Correction online at www.kdads.ks.gov. An acceptable Plan of Correction will constitute a credible allegation of compliance. The Plan of Correction must contain the following in order to be acceptable:

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice,
2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice,
3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur,
4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; (the facility must develop a plan for ensuring that correction is achieved and maintained), and
5. Include the dates corrective action was completed.

Please note that Federal law, as specified in the Social Security Act 1819(F)(2)(B) and 1919(f)(2)(B) prohibits approval of nurse aide training and competency evaluation programs (**NATCEP**) and nurse aide competency evaluation programs (CEP) offered by or in a facility which has been subject to the following: an extended or partial extended survey; assessment of a Civil Money Penalty of not less than \$5000.00; a Denial of Payment for new Medicare/Medicaid admissions; or termination. If any of these situations occur, **NATCEP** is to be denied and you will be so advised in a separate notification.

Informal Dispute Resolution (IDR)

In accordance with CFR 488.331, you have one opportunity to question cited deficiencies through an IDR process. You may also contest scope and severity assessments for deficiencies which result in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy) to:

Joe Ewert, Commissioner
Kansas Department for Aging and Disability Services
Survey, Certification and Credentialing Commission
612 South Kansas Avenue
Topeka, KS 66603

KDADS must receive your written request within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at (785) 368-7055.

Irina Strakhova
Enforcement Coordinator
Survey, Certification and Credentialing Commission
Kansas Department for Aging & Disability Services

As Authorized by Gregg Brandush, Branch Manager
Division of Survey & Certification
Centers for Medicare & Medicaid Services

c: Susan Fout, Regional Manager, KDADS
Jane Weiler, CMS Regional Office
Joe Ewert, Commissioner, KDADS
Audrey Sunderraj, Director, KDADS
LaNae Workman, KDADS
Fiscal Intermediary